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Doc 3EC

I'm not sure I filled this
these forms correctly. I am the
only person involved in my
effort to be elected president.

I am the Candidate Treasurer,
Bookkeeper and Designated Agent.

I will not be accepting any
donations and my cost will not
even come close to \$5,000.00.

I am the only person on
my committee and have no
bank or depositories related to
this effort.

If more or corrected information
is needed, please contact me at?

J. Bendinuth

1663 MAIN ST.

LAUDERDALE, FL 33058

Thanks
J. Bendinuth

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

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1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

T BEN SMITH FOR PRESIDENT

ADDRESS (number and street)

11663 MAIN STREET

☐

(Check if address
is changed)

LAWTEY

CITY ▲

FL

STATE ▲

32058

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

N/A

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

N/A

2. DATE

07 / 13 / 2015

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

T. BEN SMITH

Signature of Treasurer

T. Ben Smith

Date

07 / 13 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

THOMAS BENJAMIN SMITH

Candidate Party Affiliation

CHR

Office Sought:

☐

House

☐

Senate

☒

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

Write or Type Committee Name

N/A

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

N/A

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

THOMAS BENJAMIN SMITH

Mailing Address

11663 MAIN STREET

LAWTEY

FL

32058

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE/CUSTODIAN

Telephone number

904-452-1137

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

THOMAS BENJAMIN SMITH

Mailing Address

11663 MAIN STREET

LAWTEY

FL

32058

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE/TREASURER

Telephone number

904-452-1137

Full Name of
Designated
Agent

THOMAS BENJAMIN SMITH

Mailing Address

1663 MAIN STREET

LAUREL

CITY

FL

STATE

32058

ZIP CODE

Title or Position

CANDIDATE/AGENT

Telephone number

904-452-1137

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

N/A

Mailing Address

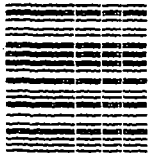
Name of Bank, Depository, etc.

N/A

Mailing Address

32058
LAWTLEY, FL,
32058
MAIN ST, WASHINGTON

U.S. POSTAGE
PAID
JACKSONVILLE, FL
32234
JUL 16, 15
AMOUNT



\$0.71

00099561-02

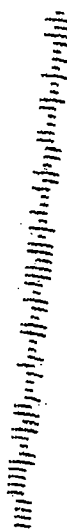
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FEDERAL ELECTION COMMISSION
999 E. STREET N.W.
WASHINGTON, D.C. 20543

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked 7/16/15 |
| | Date of Receipt 7/24/15 |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  PREPARER (3/2015) | 7/24/15 DATE PREPARED |

2015-07-24 10:00:00 AM